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ABSTRACT

Health and communications experts from Taiwan, South Korea, Malaysia, Philippines, Singapore and South Vietnam met in Manila for two weeks of workshop sessions to discuss communication strategies and to develop educational materials for the promotion of family health. The overall aim of the workshop was to encourage the production of educational materials that would (1) help the public understand the interrelationship between nutrition, maternal and child health and family planning and (2) help field workers reach the public. This final report of the workshop activities includes background information, a description of the workshop process, descriptions of the activities of working groups, and an evaluation of the workshop. Group work brought workshop participants into direct contact with urban migrants and women in a rural barrio. Reports of field visits, materials produced, the final program, lists of working papers, presentations and reports from each country, as well as hand-outs and a list of workshop participants are appended. (Author/RH)

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WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS ON FAMILY HEALTH (FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION)

Sponsored by the

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines

8 to 22 February 1972

FINAL REPORT

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NOTE

The views expressed in this report are those of the consultants and participants at the workshop and do not necessarily reflect the policy of the World Health Organization

This report has been prepared by the Western Pacific Regional Office of the World Health Organization for Governments of Member States in the Region and for those who participated in the Workshop on the Development of Education and Information Materials on Family Health (Family Planning, Maternal and Child Health, Nutrition) which was held in Manila, Philippines from 8 to 22 February 1972.

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1. SUMMARY

Success in family health programmes, as in health programmes generally, depends on the involvement and active participation of the public. This is possible only through sustained educational efforts that have been carefully planned and worked out in consultation with the people themselves. To meet the challenge implied in this requirement, health and communication experts from six countries were brought together in Manila for two weeks from 8 to 22 February 1972 to discuss communication strategies and to develop educational materials for the promotion of family health. The workshop stressed in particular, the need for an integrated approach embracing maternal and child care, nutrition and family planning (rather than single-line materials on each aspect separately).

The purposes of the workshop were (1) to review the educational and information efforts currently made in the participating countries in the field of family health, (2) to identify the strengths and gaps, (3) to develop communication strategies, and (4) to prepare prototype educational materials which the participants could carry home for adaptation and production.

The workshop participants were divided into three project groups, and each group chose a particular target audience for its project. Perhaps of most significance was the fact that participants convinced themselves of two things, first that preparation of educational materials should be preceded by a visit to the target audience for diagnosis to listen to what people have to say about their problems, their needs and their attitudes (see Annex 1); and second that pretesting in the field with the intended target audience is essential before final production of any educational materials (see Annex 2). The WHO consultants for this workshop felt that these points were carried because the participants actually did their own target audience diagnosis and pretesting in the field.

The project groups accomplished their tasks in fifteen sessions of one to two hours each and two field trips. The participants, who came from six different countries, experienced the satisfaction of achieving a common goal by utilizing the problem-solving process of co-operative effort. Participants, observers, consultants and secretariat provided a broad spectrum of expertise which was divided up among the three groups. Ideas were exchanged and experiences shared. There were lively disagreements on some important issues. These were stimulating and led to deeper understanding and good discussion, if not always to full agreement.

There were fifteen plenary sessions. At nine of these, group reports were presented. The six others consisted to panel discussions or lectures. The plenary sessions kept the members generally informed about group activities, provided cohesion and acted as a sounding board against which groups could bounce their ideas.

Country groups, consisting of the participants from each of the six countries, met for four sessions. Although small, these groups produced well-thought-out follow-up plans accompanied by proposed time schedules.

There was a judicious blending of plenary sessions, project group work and country group work (see Annex 3). The participants' Steering Committee guided the progress of the workshop and arranged for all of the participants, by turns, to be Chairman and Rapporteur. Editorial, evaluation and recreation committees likewise served important functions and involved participants in the group process.

During the first quarter hour or so of each day's programme, the several committees presented their views and suggestions to the group regarding programme changes, problems, social events, arrangements, etc. These sessions sometimes ran into more than half an hour and were valuable in providing a forum for discussion and information exchange between participants and organizers.

The concrete achievements of the workshop in the form of prototype educational materials gave the participants a sense of accomplishment and pride. One group produced a colourful poster and related hand-outs to stimulate young urban couples to think about and plan for the future. The other two groups produced a flipchart for use by community workers, a brochure and a comic book, all of which were concerned with salient points about family health for semi-literate mothers and fathers in rural areas (see Annex 2). Much remains to be done after the participants return home to adapt these materials to local conditions, to test them further and to produce a greater variety of materials.

The value of co-ordinated efforts by the various agencies involved in health, community development and communication became obvious as participants got involved in production, distribution and evaluation. The country plans for follow-up action show the intention of the participants to pursue such efforts.

2. BACKGROUND AND PHILOSOPHY

2.1 The emphasis

The idea was for this workshop to take a broad view of family health and develop an integrated communication approach including nutrition, maternal and child health and family planning. The aim was to encourage the production of educational materials that would help the public to understand the inter-relationship between these three essential components of family health and would help field workers to reach the public.

Another purpose in this inter-disciplinary workshop was to help participants to understand the need for close collaboration between health, communication and community development specialists and to appreciate the importance of using a variety of health and developmental agencies to reach the public.

A third concern was to demonstrate the advantage to be gained from considering educational materials in the context of all the variety of other communication media that can be used to reinforce the message. For example, mass media messages need to be viewed as supportive to the most important extension efforts made by field workers who are meeting with community groups and acting as change agents.

Finally, it was hoped the workshop would demonstrate and provide understanding of the importance of listening and of group discussion and group decision which are most valuable approaches to health education.

2.2 Objectives

The objectives of the workshop were:

(a) to review the methodology, cultural and technical aspects of the production of family health education and information materials;

(b) to develop prototype materials and guidelines for the preparation of such materials, so that they link maternal and child health with family planning and good nutrition of mothers and young children;

(c) to consider the preparation of such materials adapted to local conditions in the countries concerned, the methods of their distribution, dissemination and utilization;

(d) to consider the necessary concurrent orientation and training of personnel involved.

The steps outlined for participants were:

(a) to review the current status in each country of the production and utilization of education and information materials for the promotion of family health: the quantity, quality and variety of educational materials produced, the channels of distribution, and the effective utilization of media;

(b) to identify 'gaps' and determine priorities for education and information materials to be used either in training institutions, or by field workers during community work, or for public information directed to the promotion of family health;

(c) to develop guidelines for the planning, production and utilization of educational materials;

(d) to prepare a few prototype materials, for a few selected audience groups, which could be subsequently adapted for use in participating countries;

(e) to prepare country plans on communication strategy and follow-up activities.

2.3 Planning and methodology

The preparations for the workshop started a year beforehand. The WHO planning committee worked out the general theme and scope of the workshop. The workshop consultants then worked out the programme, methodology, and the tentative schedule in communication with associated experts, possible speakers, participants and contributors to the workshop. The programme was kept flexible so that the participants could review and modify it in accordance with their needs and interests. Providing for flexibility in the work schedule was considered essential to set an example of willingness to listen, thereby demonstrating its importance in the educational process.

Working in small groups was the main method used in the workshop. The size of the project groups was a compromise between keeping them small enough to facilitate full participation by every member of the group and at the same time large enough to provide, among the members, the required expertise and experience.

3. WORKING PAPERS AND PRESENTATIONS

The working papers by Dr Cobb, Mr Dhillon, and Dr Bailey were circulated to the participants before the start of the workshop. Copies of these are available from WHO, Manila. They were not read as such in plenary session, but discussion panels took up the subjects dealt with in them and related questions.

When one of the expected workshop consultants had to drop out at the last minute, the National Media Production Centre, of the Philippines, came to the rescue by providing expert knowledge and help in the technical aspects of media development and production. Other observers and consultants helped to fill the gaps. A discussion on "Media in relation to content, what they can and cannot achieve" was led by Dr Josefina Patron, and a paper was presented by Evangelina Farolan on "Technical Aspects of Printing Production".

Plenary sessions conducted by Mrs Silayan-Go and Mr Virtusio gave participants an understanding of the complexity and the difficulties involved in adequate pretesting and evaluation of educational materials.

Mrs Nita Berthelsen and Mr Erskine Childers led the discussion entitled "Pretesting with experts". At this plenary session, the first drafts of the materials produced by the project groups were discussed and criticized.

The following are examples of the provocative questions that arose during these plenary sessions:

> Is the medium of the comic book suited to the life-and-death seriousness of the problems of sick or malnourished children? Some thought not; others felt that research was needed to evaluate the comic book which, in the Philippines, is everywhere and deals with everything. Perhaps, even though it is thought of as "escapist" reading matter, the comic book may yet be able to influence parental behaviour in these serious life-and-death matters.
>
> A study of airlines advertisements showed that the sexy advertisements of some airlines attract most attention of people of all types; but the question remains, "Which do they fly?". Perhaps when they choose which airline to fly, they are more influenced by the businesslike no-nonsense approach in advertisements with emphasis on safety and efficiency.

> Would semi-literate mothers in the Philippines prefer to get family health information from a group discussion using a flip chart, from an illustrated brochure, or from a comic book? Which medium would be most likely to influence their behaviour? Careful and difficult evaluation research is needed.

A comment by Mr Childers on pre-testing: Educational materials are a deliberate disturbance in the "live" environment of communication. If the person who brings the materials to pre-test is not a person accepted by the village, he might introduce an "unintended" disturbance along with the "intended" disturbance. The people may react primarily to the stranger who is doing the pre-testing. Thus, the language, customs, etc. of the person who brings in the intended disturbance must be similar to those of the target group, otherwise the operation is likely to produce false results.

This made all of us think about our next day's visit to the barrio.

4. WORKSHOP PROCESS

4.1 General

Why call it a workshop? This was a carefully selected title. The reason is simple, though important: we all worked together, pooled our wisdom and experience and drew strength and encouragement from one another to accomplish the task we had set for ourselves. This is what made it a workshop - an experience in a problem-solving process by co-operative efforts to achieve a common goal.

A key feature of the workshop was that the participants had themselves set the task, defined the problems and worked together studying and seeking solutions to them. The major emphasis in the workshop technique was to secure active and full participation by each and every participant.

Skill in human relations is important but at the same time difficult to acquire. The workshop provided a learning experience in intensified human relations. The participants not only learned from one another, they were in close communion with persons having varied expertise and life experience. In the workshop situation, the barriers were gradually broken and communication between participants established.

4.2 Method

Group work was the very essence of the workshop. Two types of groups, the project groups and the country groups, were formed on the

very first day of the workshop. The project groups undertook the task of developing educational approach and preparing and pre-testing prototype materials. The country groups worked to develop country plans for communication strategy and follow-up activities.

Two elements were considered vital for effective group work: First, the specific goals of the group should be arrived at through a consensus and understanding of all its members, and not just by a majority vote. No group, it was emphasized, could achieve much until it had figured out what precisely it wanted to accomplish, how and when.

Second, each member of the group should be a leader and also a follower. He should be a leader when he makes a unique contribution and a follower when he listens and learns from others. What is important is that each member should endeavour to seek clarification until a consensus is reached about what the group wants, and should accept the task thus decided upon as worthwhile.

These were the points stressed in hand-out no. 2 of the workshop (see Annex 5). To stimulate each member to participate and make positive contributions, the group process was evaluated on a 16-item socio-metric scale. Thus each member could know how others rated him with respect to various roles in group work. This aroused mixed feelings; while some participants felt the test was useful for self-understanding and role improvement, others felt that it caused emotional disturbance and did not improve group functioning. The desirability of the test was debated freely in a plenary session.

Each group decided to have a chairman, a recorder and a rapporteur. In some groups these roles were rotated between different members so that leadership and responsibilities were shared while in others the roles were not rotated so that continuity of responsibilities in group work was maintained. It is, however, difficult to indicate which of the two arrangements worked better. Moreover, the usefulness of a chairman for small groups appeared doubtful, but in any case having one was not detrimental, since the atmosphere of the group work remained reasonably informal and the climate healthy. The roles of the recorder and rapporteur, on the other hand, proved to be vital to effective functioning, for a record of the decisions taken and a brief summary of the views expressed were helpful in crystallizing thinking and stimulating contributions.

It is worth reiterating that in a workshop the participants are made responsible for taking decisions, reformulating the programme, and steering the workshop toward the attainment of its goal. From the beginning, therefore, the participants took over the major share of the work of conducting the workshop and allocated the responsibilities among themselves.

The system worked well and paid rich dividends. The participants were allowed to make modifications in the programme despite the serious

reservations the organizers had about the wisdom of some of their decisions. This freedom contributed to a sense of commitment and activated the participants to live up to their responsibility. To give one illustration, the crucial task of pre-testing the materials that the three groups had prepared after much hard work had to be postponed, at a critical stage of the workshop, due to delay in art work. Despite the persuasions of the workshop organizers, the participants were reluctant to undertake field work on the coming Saturday. The workshop schedule was heavy on the following Monday and Tuesday which were the last two working days, and every one felt concerned. But a bold decision was taken, the matter was not pressed further and the decision of the participants to postpone the field trip until the next Monday was willingly accepted. This had its impact. All the groups worked hard and accomplished all the tasks. The lesson learnt or rather the principle confirmed is to be willing to listen and have confidence in the participants' wisdom, ability and sense of commitment.

4.3 Workshop Committees

The four committees formed were: steering, editorial, evaluation, and recreation. The roles of these committees are discussed in Annex 5.

4.4 Small groups: two types

Working in small groups on carefully selected tasks helps maximize coverage and accomplishment. It is conducive to active participation by all. As stated previously, two types of groups were formed: The project groups and the country groups. These are discussed in the next two chapters of the report.

4.5 Hand-outs describing the group process and the tasks to be done are included in Annex 5. These were discussed briefly in plenary session along with the working papers. They are included here because of their possible usefulness in setting up similar workshops elsewhere.

5. PROJECT GROUP WORK

5.1 Content and audience

On the first day of the workshop, each participant was assigned to one of three project groups, A, B and C. An equitable distribution according to professional talents, nationality, age and sex was aimed at. Each project group met during the first two days to formulate its concept of what should be included under family health, to establish the priorities and to choose the target audience for their educational effort during the following week.

Group A, viewing the rapid rate of urbanization and the family health problems of newcomers to the city, decided that their first priority would be to try to reach young urban couples in the age group 15-25 and help them to think about and to plan for their future family.

Group B decided that their first priority would be the nutrition and health care of infants and pregnant women in rural areas where literacy is low and where ignorance leads to high infant mortality.

Group C chose as their primary concern, the goal of a happy, healthy childhood for rural families. Though there was some overlap, this was carrying a step further the task undertaken by Group B.

5.2 Community diagnosis

Each group then discussed how best to approach their target audience and the content of the educational materials to be produced. To help in this, each group spent the fourth afternoon visiting in communities considered to be representative of their target audience.

Group A visited three different groups of young people at different socio-economic levels and asked them to write down what they would do if they were given 10 000 pesos and what their parents would want them to do with such a sum. The intention was to study the patterns of aspirations, hopes and fears of youth. The views expressed by these young people were then used in setting priorities and designing the educational approach of Group A.

Annex 2 contains a reproduction of the colourful poster produced by Group A together with reproductions of the leaflets which are related to the poster and are designed to be given out to young people in connexion with group discussions or "rap sessions". Also included in Annex 2 are the flip chart produced by Group B and the comic book and brochure produced by Group C.

Because the group process was similar in all three groups, it is described below in detail for only one group, Group B.

In a series of brainstorming sessions, Group B developed a long but tentative list of messages to be conveyed to semi-literate parents of infants in the rural areas. After discussion and consultation with resource people, the list was boiled down to the following:

(a)	Antenatal care	- nutrition of expectant mothers (what to take and what not to take)
(b)	Why breast feeding?	- care of breasts weaning effects of oral pills
(c)	Supplementary feeding	- solids (when to introduce, how and what) vitamins minerals juices
(d)	Growth and development of the infant	
(e)	Deviation from normal health	- to help mothers to detect deviations from normal health (4 to 5 points probably) and know when to bring child to nearest clinic
(f)	Education of mothers to make use of available health services and on the need to visit health centres	

The group then visited a rural barrio about 50 kilometres from Manila. Breaking up into smaller groups of two or three, each with a person who could speak the local (Tagalog) language, the group members talked with health workers, community workers and mothers about problems of infant care with a view to understanding the point of view, the attitudes and the limitations of the people in that barrio. A flexible format or "question guide" had been previously prepared by the group to help its members remember to cover certain items.

Discussions were focused on the dietary habits, beliefs, and customs of pregnant and lactating mothers, feeding and weaning practices, antenatal and postnatal care, family planning attitudes and utilization of existing health services.

The health centre visited by Groups B and C covered a population of about 9800 whose occupations ranged from farmers to whitecollar workers. Community resources included two schools (elementary and secondary), a community development centre, an agriculture extension centre, a rural improvement club, a lions' club and religious organizations.

From the community visit, Group B came up with the observations given in detail in Annex 1 and summarized below:

(a) The mothers are semi-literate and get most of their information on family health from neighbours or the radio.

(b) They have, as expected, a few food taboos during pregnancy, e.g. eggplant which they believe will cause "blue babies".

(c) They limit their food intake, especially protein, during the last few months of pregnancy.

(d) Breast-feeding is already accepted and practised but the introduction of a supplementary diet is often delayed until the child is almost one year old.

(e) There is under-utilization of existing health services by the mothers, and more contact with agricultural extension workers than with health personnel.

(f) Family planning services are lacking, but exist eight kilometres away.

(g) Some of the health workers feel the same apprehensions about contraception as do some of the mothers. The mothers are not at all shy of talking about family planning methods, even with the workshop participants.

All returned from these field visits with a new idea of the job to be done. Participants felt they had made a quantum jump in their understanding of the target audience, and found it unthinkable that educational materials could be prepared without first consulting that audience.

5.3 Media selection

The criteria used in selecting educational media were as follows:

(a) Appropriateness: The media should be appropriate for communicating the selected messages to selected audience groups.

(b) Practicability for use back home: They should be such that their large-scale production and use is within the resources of the participating countries.

(c) Skills and interests of participants: They should be of interest to the project group members and within their competence to produce.

(d) Sense of achievement: The task should be small enough for the group to accomplish satisfactorily, and to gain a sense of achievement in so doing.

(e) Administration support: The media selected should be of sufficient interest to the national authorities responsible for health and extension programmes to influence them to provide support for follow-up action.

On the basis of these criteria, a review of the materials already available and the information obtained from the field visit, Group B selected the following media:

(a) Educational aids for health and field workers in the form of flip-charts to be used, in the health centre or in the barrios, for health talks preferably in conjunction with nutrition demonstrations;

(b) Leaflets to be left with the mothers after such talks or demonstrations;

(c) Spot announcements or jingles over the radio.

5.4 Development of materials

Because of limitation of time, Group B was able to produce only one set of flip-charts which, together with the guidelines for the health worker or community workers, are reproduced in Annex 2. (The guidelines are to be printed on the back of the charts, and thus be visible to the person displaying the chart.)

The group hoped that use of this rather wide-ranging prototype set of flip-charts might stimulate health workers to want and to produce additional sets of flip-charts. Perhaps what is needed is one set for each of the several sessions of mothers' classes (which, it is hoped, would be expanded to include fathers also). These sets of charts could include subjects such as immunization, environmental health, growth and development, family planning methods.

Group C aimed at a slightly more literate group of parents than Group B and, through a similar process including a visit to the same barrio, produced a comic book entitled "Your Happy Child" and a brochure for mothers who would like to read something a bit more substantial. These are also reproduced in Annex 2.

5.5 Pre-testing

After seven working days of the workshop, each group presented the educational materials in a rough form to the plenary session. A number

of technically competent resource people were present. A lively discussion and many suggestions for improvement resulted. The discussions, though highly rewarding, extended much beyond time limit. Hurriedly, the indicated changes were made and the materials were then carried to the target audience for pre-testing. Group A went back to the same youth groups in Manila, while Groups B and C went back to the barrio. This field pre-test of materials, all agreed, was a crucial step in the process. Participants found that they still had much to learn from their target audiences whose lively participation produced some good suggestions.

Here is an example of the process. Group B set up the flip-chart easel consecutively in two different community gathering places in the barrio. A dozen or so mothers with their babies and children gathered, and a crowd of other onlookers came to watch the show. At first they were timid. One mother even asked if participants minded if they pointed out what was wrong with the flip-charts. Reassured on this point, the mothers fired a rapid barrage of comments and questions in the local (Tagalog) dialect. It was difficult for the recorder to keep up. Here are some examples:

> "The doctor doesn't test blood that way here, he uses the blood-pressure cuff."
>
> "To us, weak blood implies low blood pressure. You should say anaemic instead."
>
> "We understand the need for iron, but those foods give a baby gas."
>
> "What can we substitute for egg if we can't afford it?"
>
> "Why can't the doctor have a family planning clinic here? That is what we need most."

See Annex 2 for a detailed compilation of the suggested improvements in each group's set of educational materials.

The next step is for these sets of materials to be adapted to local conditions and pre-tested again in each of the participating countries. This, it is hoped, will lead to the production of valuable educational aids and will help a larger group of people in each country to understand the process involved.

6. COUNTRY GROUP WORK

In each country report presented on the first day, the current status of family health was reviewed briefly. Various problems were brought up by each group, and each considered the resources that were currently available.

Each country group, after establishing the priorities, developed plans which considered not only the strengthening of their educational efforts, but also the nature of inputs that would ensure maximum achievement of their desired goals.

Within the framework of their respective plans, each country group considered questions such as the educational approaches that were germane to their specific priorities, the types of educational material that were appropriate to the selected educational approaches, adequate utilization of agencies already in existence, and how all existing resources and agencies could be co-ordinated to effect the desired behavioural changes.

Finally, each report considered the best way in which each country could implement the proposed plans, and the time that would be needed to ensure success in carrying them out. The groups also discussed the kind of follow-up programme to the workshop that would best meet each country's needs.

These follow-up programmes, as proposed in the six country reports, may be summarized as follows:

- Four countries plan to organize seminars on family health for the development of communication strategy for personnel concerned with family health education from government and private agencies, for teachers in medical education institutions, and for others;

- Four countries plan to conduct in-service training in the effective use of the educational materials produced;

- Four countries plan to undertake communication research and the evaluation of available educational materials;

- Three countries plan to form national co-ordinating committees for the production, distribution and evaluation of materials;

- Three countries plan to organize workshops at the local, regional and national level for personnel concerned in family health;

- One country plans to organize a project on the comprehensive educational approach, to demonstrate educational methods aiming at health behavioural change through community involvement.

The foregoing is a synopsis of the six country reports.

7. EVALUATION OF THE WORKSHOP

7.1 Functions

The Evaluation Committee was formed on the first day in order to:

(a) assess the performance of the plenary sessions and group work and attempt to discover the factors influencing the performance;

(b) assess the participants' satisfaction with the overall management and administration of the workshop; and

(c) provide feedback to the Steering Committee so that it may make appropriate suggestions on the workshop programme.

7.2 Methodology

(a) Observations were made by committee members as to the working of plenary and group sessions and the workshop organization and facilities. Impressions and information received from other participants were reported daily to the Steering Committee.

(b) An individual evaluation form which provided for ratings of each individual's behaviour in a small group situation was administered and the averages of the group's ratings of each participant were given to the participant. The objective of this exercise was to sensitize the participants to the processess of group dynamics. This evaluation form was considered to be quite threatening by most of the participants. It contained too many personal items and the rating scale was felt to be unnecessarily complex. The evaluation may have helped the group process somewhat but it was probably not worth the time spent on it nor the disturbances created.

(c) The Committee members prepared an anonymous terminal evaluation questionnaire and the findings were presented to the final plenary session.

7.3 Conclusions

Participants were unanimous in the opinion that the workshop's goals had been achieved. Essentially, the sense of satisfaction was derived from the participants' exposure to fresh ideas about the educational content of family health materials and the methodology involved in their production.

Except for a few who wished that the workshop period could have been extended, participants generally agreed, that the workshop approach, the field trips, the various committees set up, the facilities provided, the consultants, working aids and secretarial assistance all contributed adequately to the success of this workshop.

* * *

ACKNOWLEDGEMENTS

We are indebted to the National Media Production Center of the Philippines for the artwork and reproductions of the educational materials (see Annex 2). They worked hard and long assisting the workshop participants in preparing the drawings, translating the text into Tagalog (the local language) for field testing in the village.

The cartoons reproduced in chapters 4 and 5 of this report were drawn by Mr Alias bin Kulub, who was a participant in the workshop from Malaysia, for the daily newsletter of the workshop.

Thanks are also due to the Philippine Presidential Arm for Community Development and to the Social Communications Center in Manila for help in arrangements for community visits and field testing.

ANNEX 1

REPORT OF FIELD VISIT FOR EDUCATIONAL DIAGNOSIS (GROUPS B & C)

Methodology

Groups B and C visited a barrio about 50 kilometres from Manila. The two groups separated soon after reaching the barrio. The group was received by local workers and a group of mothers. The workers included: four members of the local health team (the medical officer, sanitary inspector, public health nurse and the nurse/midwife), four community development workers, and two teachers of the local school.

In order to derive maximum advantage from a brief three-hour visit, the group members divided into smaller groups, each containing a local field worker and one or two group members. This enabled the smaller groups to interview from two to four mothers who had gathered in the house. Apart from these interviews, two members of the group moved into the village, made home visits, and talked to mothers and a few male members.

Prior to this field visit Group B had reached a consensus on what form the questions should take when interviewing the mothers. This broad outline included reference to dietary pattern, antenatal and postnatal care, clinic visits, supplementary feeding, and weaning practices. The information collected varied according to the background of the mothers and is by no means conclusive.

The group spent about three hours in talking to mothers, health workers, community development workers and school-teachers. The discussions were kept flexible but aimed at obtaining information within the pre-designed outline emphasizing the dietary habits and beliefs of the pregnant and lactating mothers; feeding and weaning practices; antenatal and postnatal care; family planning practices; clinic visits; and other factors related to mother and child health. The health centre of the barrio covers a population of about 9800. The population has a wide range of occupational distribution: farmers, industrial workers, unskilled labourers, and white collar workers. The community resources include: two schools (elementary and secondary), community development centre, agriculture extension centre, rural improvement club, lions club and religious organizations.

The main points gathered during the discussions are summarized below:

1. Dietary habits of the mothers

1.1 Antenatal diet of mothers

On asking the mothers about the type of food they take during advanced stage of pregnancy, the usual replies received were that "we continue to eat the same as other members of the family", "nothing special is cooked

Annex 1 (continued)

or eaten by us". However, on further probing, some interesting information on food avoidance and food preferences was gathered. This could be broadly summed up as follows:

(a) By and large, no major changes are presumably made in the diet intake of the mothers during pregnancy. They continue to take the same kind of food as taken by other members of the family. However, the mothers do tend to avoid and prefer certain foods because of the prevalent beliefs regarding their influence on the health of the mother and the baby. For instance, eggplants are avoided during pregnancy; it is believed that if the mother eats eggplants, she will have a blue baby.

(b) There appears to be an all-pervasive concern about the difficulties at the time of delivery. The belief is that the good diet of the mother will make the size of the baby in the womb too big for easy delivery. It is because of this concern that there is a tendency to curtail the pregnant mother's diet with respect to sugar and oil intake from seven months of pregnancy onwards. Also, for the same reason, the fish and meat intake of the mother is reduced during advanced stage of pregnancy. It appears that beside the concern about the size of the baby, the tendency to reduce fish and meat is also because of the belief that these food items negatively influence the mother's "blood" due to the heat-creating nature of these food items.

(c) Concern about gastric problem - there appears to be a common belief that leafy vegetables and certain type of pulses produce gas and gastric problems. Consequently, there is a tendency to reduce the intake of vegetables and certain pulses during late pregnancy.

1.2 Postnatal diet of mothers

(a) Two sets of beliefs seem to influence the diet of the mother during postnatal period. These are (i) how the food influences the quantity of mother's milk, and (ii) how food influences the quality of mother's milk.

(b) The intake of meat, fish and fruit juices is believed to contribute to the improvement of both the quantity and quality of mothe milk; these nourishing food items are thus encouraged during lactation. However, there appears to be some hesitation during the initial stages of postnatal period about eating certain leafy vegetables; it is believed these are likely to cause

gastric problems. On the other hand, string beans and some leafy vegetables are encouraged for it is believed that these will make the mother's milk plentiful and of good quality.

(c) Mothers tend to avoid "sour" foods such as mangoes, tamarind, pineapple, etc. It is believed that these "sour" foods will make the milk of the mother sour and thus less suitable for the baby.

(d) The consumption of milk either during lactation or pregnancy does not seem to be popular in this community. The mothers hardly attach any importance to taking milk. The reason is not just economic.

2. Nutrition of the baby

2.1 Mothers feed their babies on their own milk. Breast-feeding is almost universal in this community.

2.2 Fruit juices are considered desirable for the baby from about the fifth month onwards.

2.3 Solid food is introduced when the infant is around six months of age; there appears to be no ritual associated with the first feeding of solids to the baby. It is a gruel made of rice, sugar and water which appears to be the most common form of solids given to the infant from the age of six months to one year. The rice gruel is gradually made more thick as the infant grows in age, but the contents remain the same.

2.4 Most mothers do not give supplementary milk to the baby unless they think that mother's milk is in short supply. However, some mothers indicated that no additional foods other than breast-feeding are given to the baby for the first nine months; sweetened condensed milk is then introduced with additional sugar (no specific amount was indicated).

2.5 Mothers generally realized that the babies should be given other foods, but did not really understand what were "good" foods, and what were the nutritional needs for the development of their children.

2.6 Mothers also indicated that meat was seldom used but some fish and vegetables would be given but it depended largely on what they could afford to buy.

2.7 The family meal, that is some fish and other solids, is generally given to the child after he is over one year of age. However, it is believed that vegetables are likely to cause gastric problems and thus are not much encouraged.

Annex 1 (continued)

2.8 It is felt that feeding the child with the normal family meal at an early age will cause gastric problems to the baby.

2.9 It is believed that if the "quality" of mother's milk is good, i.e. when the mother eats enough and "good" food, there is not much need to feel concerned about feeding solids to the child.

2.10 Lactation is generally prolonged and the child is gradually weaned. However, in a few cases it was observed that breast-feeding was suddenly stopped by applying bitter juices to the mother's breast.

2.11 The relationship between lack of basic hygiene, sanitary practices and food preparation was little understood.

3. Delivery

3.1 A number of deliveries, even quite a few of the babies born in recent years, are conducted by the traditional untrained midwife. These untrained midwives appear to be quite popular in this community.

3.2 The need for regular antenatal and postnatal visits to the health centres is not yet fully realized. The mothers seemed to associate clinic visits only with being ill or when a child is not well; they are not quite aware of clinic services.

4. Immunization status

Immunization is done at home in most cases though the workers do attempt to persuade the mothers to visit clinics for immunization. However, there is quite a backlog in the vaccination coverage; this is particularly true for BCG and smallpox vaccinations which could be checked by observing the scars.

5. Family planning

5.1 The news about family planning is gradually spreading. There are a few satisfied users of IUD. However, there are mothers who are afraid of the 'danger' factor in relation to the IUD and the pill. Some of the health centre workers themselves are somewhat apprehensive about the use of the pill and IUD.

5.2 The source of information on family planning is generally a neighbour or the radio.

5.3 Though the family planning services are not directly extended by the local clinic, the World Neighbours have been working in this area for promotion of family planning.

5.4 The mothers are not shy of talking freely about family planning and contraceptives among themselves. More so, the mothers are also not shy of talking to the male workers about contraceptives.

5.5 Decision-making about the use of contraceptives is done by the mother in consultation with her husband and also mother-in-law. Sometimes the parents of the wife are also consulted. The wife, it appears, would hesitate to use contraceptives unless there is encouragement and approval by the husband and other members of the family.

6. Status of the woman

Comparatively speaking, the woman in this community appears to have a substantial say in the household affairs and in decision making. They are much less shy in talking to male members and workers as compared to what is experienced in many other developing countries. There is not much shyness in breast-feeding the baby in the presence of male members and strangers; this is particularly true in the lower socio-economic group.

7. Vegetable garden, poultry and sanitation

7.1 Most families have backyard gardens; they grow vegetables in their backyard and the yield of these vegetables is often consumed at home.

7.2 Most families keep a few poultry birds. However, due to economic pressure they often sell the eggs in the market.

7.3 A number of families rear pigs. Whether they are kept for home consumption or for sale could not be ascertained.

7.4 Sanitary latrines have been recently introduced. About one-third of the families have sanitary latrines; the rest either go to the fields or defecate in the backyard where the pigs do the cleaning.

7.5 The piped water supply has also been introduced in the recent years. A number of families have piped water supply in their homes. However, this has created a serious problem of drainage. The problem of drainage was raised by a number of families, and the difficulties thus created could be observed easily.

8. Influence of field workers and mass media

8.1 The villagers, it appears, have at present only limited contact with health centre staff. This may to an extent explain the low level of utilization of the health services, even though there is a well-staffed health centre located in the community. Moreover, the health centre covers a population of less than 10 000.

Annex 1 (continued)

8.2 Agricultural extension workers seem better able to reach the people than health workers. Many health ideas, for instance and much information on family planning, are gathered from neighbours and radio broadcasts.

8.3 Radio listening appears to be quite popular in the community. About two-thirds of the families have radio sets and these are used almost round the clock. The use of newspaper and magazine appears to be rather limited, though the literacy rate is quite high.

ANNEX 2

MATERIALS PRODUCED AND A QUESTIONNAIRE FOR PRE-TESTING AND SUGGESTIONS FOR MODIFICATIONS RESULTING FROM PRE-TESTING IN THE FIELD

GROUP A

Poster: "Nice Feeling Now"

Folders: "Take the First Step"
"When More Means Less"
"Family Needs"

- Suggested improvements after pre-testing

GROUP B

Flip-chart reproductions

Flip-chart guidelines

- Suggested improvements after pre-testing

GROUP C

Comic book:- "Your Happy Child"

Brochure: "The Happy Child"

- Questionnaire for pre-testing materials

GROUP A: FIELD PRE-TESTING AND SUGGESTED IMPROVEMENTS

1. Pre-testing methodology

Materials were reviewed by the experts during the plenary session and pre-tested at Tondo area and the Social Communication Center by representatives of the target population.

The poster was posted on the wall, and three leaflets were circulated among the youth. They were asked to express their opinions concerning the implied message of the material and the form of the material.

2. Results of pre-testing

(a) Poster

The colours, appearance and wordings were changed to fit the cultural and present situation in the Philippines. For example, the dress of the girl is better changed to loose pants, and low-heel shoes are more common. Blue colour indicated sadness in this country and it is better changed to white.

It was decided by the group that this poster would be prepared in the original form. WHO would be asked to distribute from three to five copies to participants, observers and resource persons as the budget allows. The size of the poster is 24" x 36".

(b) Leaflet 1: "Take the First Step"

A few changes have been made in terms of wording. A suggestion was made that the girl on the cover page should wear pants instead of a short skirt. On the back page, "Plan the size of your family" instead of "Small family" should be used. In content, "Planning your life may help you achieve some of these" should be added on the bottom of the page.

(c) Leaflet 2: "When More Means Less"

Changes in wording were made. There was a misunderstanding of the use of the word "medicine". "Now" should be added instead of medicine.

(d) Leaflet 3: "Family Needs"

On the cover page, there is no break between the leaves and the branches of the tree. Instead of using abbreviations, the words child, father and mother should be spelt out.

Note: The leaflets shown have already been modified as above, except for changes indicated in the artwork.

GROUP B: FLIP-CHART GUIDELINES

Suggested captions and explanations for the flipcharts, to be pasted on the back of the previous chart, so that the field worker can read it while showing.

1. "Your Health Centre is to help you"

Omit this page and pages 2 and 3 if a health centre is not available in the area.

2. "When you are pregnant, check your weight"

Most mothers like to know if they are gaining too much weight so that they can avoid getting too fat.

If a mother loses weight during pregnancy, she needs a doctor's advice.

Suggest a weight check once a month or oftener if possible.

3. "Are you anaemic?" "How is your blood?"

Suggested additional statements:

"Strong blood is bright red in color.
Weak blood is pale.
The baby uses the mother's blood to grow on.
If your blood is weak, the baby will be weak, and you will be weak too."

"You may need vitamins"
Weak blood can be strengthened by foods.

If the blood is very weak, a mother cannot quickly get enough iron from foods, so she has to take medicine or pills containing vitamins and iron.

4. "Foods to enrich your blood"

It will be better to demonstrate actual foods which are available locally, because the pictures may not be understood. Foods rich in iron are: . . . . . (add here: monggo and other dried beans).

5. "A midwife can help deliver your baby"

- Training for safe delivery
- Clean instruments
- Midwife can find out early if trouble may come, and so she can call a doctor.

6. A trained Hilot can help deliver your baby. (Midwife is best, but if not available a trained Hilot can help.) She is trained to:

- Use UNICEF kits
- Boil instruments
- Wash hands
- Recognize complications early
- Call early for help if needed

7. Breast milk makes your baby healthy.

- Best for baby, safe, digestible, helps resist illness, makes baby strong
- Easier for mother
- Nothing to buy
- Helps mother's body to return to normal
- Emotional satisfaction to baby and mother

8. Mother needs more good food during breastfeeding. Better food produces more milk and better milk.

- Body building foods

  Animal foods, fish is cheapest and as good as any meat; also dried beans.

- Protective foods

  Green leafy vegetables, yellow vegetables, yellow fruits.

9. Cooked food is good for baby. Start early when the baby is 4-6 months old.

- Baby is getting bigger and more active and needs more food. Milk supply is getting less.

- Baby at 4 months can digest all kinds of foods if they are made soft.

10. Mother's milk is not enough when baby is 4 to 6 months old. Introduce a variety of foods.

11. Additional foods for breastfed baby, 4-6 months old:

- Introduce a variety of foods.

- Lugaw, with mashed and sieved vegetables, fish, etc.

12. Additional foods for breastfed baby, 7-9 months old.

- Soft rice with mashed vegetables, fish, etc.

13. Additional foods for breastfed baby, 10-12 months old.

- Family rice with chopped vegetables, fish, etc.

14. More babies less blood. (The red dot becomes paler, from left to right).

15. What is next? Decision is yours.

16. Have your baby when you want

- through family planning

See a doctor or nurse for advice.

GROUP B FLIP-CHARTS
SUGGESTED IMPROVEMENTS AFTER PRE-TESTING
(These changes were made on the flipcharts reproduced here.)

Cover chart: Picture of banana to be removed as banana is not normally given to the babies at this age in this particular community and also banana has no nutritive value.

1st chart: No change.

2nd chart: Pregnant mother looks stiff and as if she is in labour pain; therefore to be redrawn.

3rd chart: Blood test for Hb. is done only in anaemic-looking mothers. Therefore, this picture is associated with blood test for malaria and also for blood pressure. Meaning of "How Strong is Your Blood?" and "Vitamins" was understood.

4th chart: i) Caption to be read as "Foods to enrich your blood and make your body strong". Normally it is said "Foods to make your body strong" and not to enrich your blood in this particular community.

ii) Mongo (green and red beans) to be included in the left hand column of food groups.

5th chart: Baby to be coloured.

6th chart: i) More detailed picture of the mother to be drawn.

ii) UNICEF bag to be replaced by a local bag as the trained "hilots" are using local bags and some of them are trained by local doctors.

7th chart: Mother to be covered by a blouse and her mouth to be drawn more natural.

8th chart: Mother does not look like a Filipina and also looks babyish; her hand is not in a natural position.

i) Mother to be redrawn.

ii) There are a lot of foods on the table - to be replaced by fish, rice and vegetables.

9th chart: Foods to be rearranged - long beans, briujals and ladies' fingers to be taken off the picture. Monggo (green) and red beans to be included to the left side - pechay, malunggay leaves, kangkong, carrots, yellow camote, squash to be drawn on the right side.

10th chart: Baby should be looking at the spoon and should look happy to eat food.

11th chart: No change.

12th chart: No change.

13th chart: i) Quantity of rice to be mentioned - eight tablespoons for breakfast and for supper.

ii) For breakfast "dilis" or "monggo" to be included an alternative for egg.

14th chart: i) Caption should read as "more babies make you more anaemic".

ii) Height of children should be gradually declining.

15th chart: No change.

16th chart: Picture to be redrawn and should not be too romantic.

17th chart: One additional chart with an illustration of health centre and caption "Visit health centre for family planning and health advice".

18th chart: Additional series of sets of charts to be prepared on topics like immunization, family planning, growth and development of child, etc.

GROUP C: QUESTIONNAIRE FOR PRETESTING MATERIALS

Procedures

To be conducted at the health centre, specifically pre-tested on midwives. Directed also to mothers and fathers at home.

Dr. Cordero and Dr. Shih — Miss Bourne and Mrs. Go

Dr. de Castro and Mrs. Yarrall — Dr Solon - to the health personnel

Dr. Min and Miss Sto. Domingo

A. 1. Greetings as you walk into the house

2. Explain purpose of second visit

3. Give comic to first mother, then go to the other mothers and come back--add another family with a father

B. TEST: open-ended questions:

1. Ano ang masasabi ninyo sa babasahing ibinigay namin?
(How did you like it?)

2. Mayroon bang bahagi nitong komik na higit ninyong nagustuhan? (Note first answer.)

(Is there any particular part/s that attracted you most?)

Bakit?
(Why?)

el

3. Anu-anong ideya ang napulot ninyo sa pagkabasa nito?

(What information did you learn from what you have just read?)

Anu-ano pa po?

(Probe to elicit further comments.)

6.a.

4. Sa palagay ninyo, anong mga bahagi ang hindi malinaw?

(In your opinion, are there any part/s in the comic that are not clear to you?)

6.b.

Ano ang inyong maipapayo upang maunawaan ang mga bahaging ito?

(What are your suggestions?)

5. Aling bahagi ang sa palagay ninyo ang pinakamahalaga?

(What parts do you find most important?)

7.

Ano pa po?

(Probe for further answers.)

6.a. May mga tauhan ba sa istorya na may nasabing hindi angkop sa ating kaugalian? Kung mayroon, ano iyon? (Get page number.)

(Is there anything in this comic that should not have been said?) (Get page number.)

6.b. Tungkol naman sa mga larawan, mayroon bang hindi angkop sa ating kaugalian? Kung mayroon, alin iyon?

(Is there anything in the pictures which should not have been shown?)

Ano kaya ang mabuting ilarawan?

(How could it best be shown?)

7. Magka-interes kaya ang ibang magulang na bumasa ng ganitong komik?

(Do you think that a comic like this one would be of interest to other mothers?)

8. Sa palagay ninyo, ano kaya ang mga paraan upang ang isang komik na ganito ay mabasa ng lalong maraming mga magulang? (Ask for most important channel.)

(Can you give us any suggestions as to how a comic like this could reach as many mothers as possible?) (Ask for most important channel.)

9. Ano naman ang masasabi ninyo sa pabalat na ito? (Probe about color and figures.)

(What do you think about the cover?) (Probe about color and illustrations.)

ANNEX 3

FINAL PROGRAMME

TUESDAY, 8 February

0800 - 0830 - Registration

A. INTRODUCTION AND DISCUSSION ON SCOPE OF WORKSHOP

0830 - 1015 - Plenary Session

Welcome Address - Dr Angara, Assistant Director of Health Services

Remarks by Dr van Dijk and Miss Bourne

Scope and Methodology of Workshop - Dr Cobb and Dr Dix

Self-Introduction (Participants and Resource People)

Formation of committees - Mr Dhillon Steering, Editorial, Evaluation and Recreation (Participants)

1015 - 1045 - Coffee Break

B. COUNTRY REPORTS ON EDUCATIONAL EFFORTS AND EXPERIENCES

1045 - 1245 - Plenary Session

Reports by country representatives on educational efforts already made, gaps in available media and audience groups to be reached (Participants)

1245 - 1415 - Lunch

CONCEPT OF FAMILY HEALTH AND ESTABLISHING PRIORITIES

1415 - 1500 - Plenary Session

Concept of Family Health and Examples of Educational Approach: Panel discussion

Dr Cobb - Panel Coordinator
Mr Dhillon
Dr van Dijk

1500 - 1515 - Coffee

1515 - - - - - Project Groups

Project Group Work: Establishing priorities of problems in communication about Family Health for future group work.

1730 - 1930 - Regional Director's Reception

WEDNESDAY, 9 February

THU

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 0900 - Project Groups

Project Group work (C. continued)

0900 - 1000 - Plenary Session

Presentation of Project Group Reports (C.) and Discussion - Rapporteurs

1000 - 1030 - Coffee Break

D. EDUCATIONAL METHODOLOGY FOR COMMUNITY INVOLVEMENT

1030 - 1230 - Plenary Session

Panel Discussion Educational Methodology: Behavioural Changes through Community Involvement, A Two-Way Process

Dr Martikainen - Panel Coordinator
Mr Virtucio Mr Dhillon, and
Mr Trueblood

1230 - 1400 - Lunch

1400 - 1530 - Project Groups

Project Group Work: Selecting one high-priority target audience for future group work, and discussion of how to involve the community

Coffee, Committee meetings, Institutional visits, etc.

THURSDAY, 10 February

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 1000 - Project Group Reports (D.) - Rapporteurs

1000 - 1030 - Coffee

E. CONTENT OF EDUCATION, AUDIENCE-GROUPS, AND SELECTION OF APPROPRIATE MEDIA

1030 - 1130 - Plenary Session

Panel Discussion of circulated papers by Dr Cobb and Dr Bailey: Examples of Educational Content for different target audiences

Dr Cobb - Panel Coordinator
Dr Bailey
Dr van Dijk
Miss Fillmore

1130 - 1230 — Media and Audience Group, Importance of Evaluation Studies - Mr Virtusio and Mrs Go

1230 - 1400 - Lunch

1400 - 1530 - Project Groups

Project Group Work: Determining Educational Content and appropriate media for selected problems and target audience

Coffee, Committee meetings, Institutional visits, etc.

FRIDAY, 11 February

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 0900 - Plenary Session

Media in relation to content - What they can and can't achieve: Lecture-discussion - Mr Cendaña and staff

0900 - 1000 - Project Groups

Group Work (E. continued)

1000 - 1030 - Coffee Break

1030 - 1230 - Project Groups

Preparation for Field Work

1230 - 1400 - Lunch

1400 - - - - - Project Group Field Visits

Community visit: Content Diagnosis, collecting information for educational content from selected audience groups - Mr Virtusio and staff

SECOND WEEK

MONDAY, 14 February

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 1000 - Plenary Session

Presentation of group reports (E.) and discussion - Rapporteurs

1000 - 1030 - Coffee

F. PRODUCTION, DISTRIBUTION, AND UTILIZATION OF EDUCATIONAL MATERIALS

1030 - 1230 - Plenary Session

Developing Plans for Production and Utilization of Media, including technical aspects; considering national policies, needs, and resources - Mr Cendaña and staff

1230 - 1400 - Lunch

1400 - 1530 - Project Groups

Practical Group Work: Production of selected media for selected audience

Coffee, Committee meetings, institutional visits, etc.

TUESDAY, 15 February

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 1000 - Project Groups

Practical Group Work: Production of media (F. continued)

1000 - 1030 - Coffee

1030 - 1230 - Project Groups

Practical Group Work: Production of media (F. continued)

1230 - 1400 - Lunch

G. NATIONAL COMMUNICATION PROGRAMME PLANS AND PRIORITIES

1400 - 1530 - Country Groups

Developing Plans for Production and Utilization of media, considering national policies, needs and resources

Coffee, committee meetings, institutional visits, etc.

WEDNESDAY, 16 February

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 0900 - Country Groups

Country Group Work (G. continued)

0900 - 1000 - Plenary Session

Presentation of country reports on national plans for media for family health (G.)

1000 - 1030 - Coffee

1030 - 1230 - Project Groups

Practical Group Work: Production of Media (F. continued)

1230 - 1400 - Lunch

1400 - 1530 - Project Groups

Practical Group Work: Production of Media (F. continued)

Coffee, committee meetings, institutional visits, etc.

THURSDAY, 17 February

H. PRE-TESTING AND IMPROVING MATERIALS

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 1000 - Plenary Session

Pre-testing media with experts: 1st step in pre-testing

1000 - 1030 - Coffee

1030 - 1230 - Project Groups

Practical Group Work: Improving the materials produced

1230 - 1400 - Lunch

1400 - 1530 - Project Groups

Practical Group Work: Improving the materials produced (continued) or Planning for pre-testing

Coffee, committee meetings, institutional visits, etc.

FRIDAY, 18 February

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 0900 - Plenary Session

Planning for field pre-testing of materials. Discussion: Mr Dhillon, Mrs Go and Mr Virtusio

0900 - 0930 - Coffee

0930 - 1530 - Project Groups - Field Visits

Community Visit: Field Pre-testing of materials with target group

TUE

- -

THIRD WEEK *

MONDAY, 21 February

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 1000 - Plenary Session

Display and discussions of materials produced

1000 - 1030 - Coffee

I. GUIDELINES FOR DEVELOPMENT OF EDUCATIONAL APPROACH

1030 - 1230 - Project Groups

Practical Group Work: Finalization of materials produced and preparation of guidelines for development of educational approach and production of materials

1230 - 1400 - Lunch

J. DEVELOPING COUNTRY PLANS FOR FOLLOW-UP

1400 - 1530 - Country Groups

* The schedule for the last few days (Monday and Tuesday) of the workshop was substantially modified to accommodate field visits for pre-testing of materials on Monday morning.

Development of country plans for follow-up actions

Coffee, Committee meetings, institutional visits, etc.

TUESDAY, 22 February

0745 - 0800 - Plenary Session

Reports by Workshop Committees, Announcements, etc.

0800 - 1000 - Plenary Session

Presentation of "Country Plans for Follow-up" (J.)

1000 - 1030 - Coffee

1030 - 1130 - Plenary Session

Presentation of Guidelines (I.) - Rapporteurs

1130 - 1230 - Project Groups

Finalization of Guidelines (I.)

1230 - 1400 - Lunch

1400 - 1430 - Country Groups

Finalization of country plans (J.)

1430 - 1530 - Closing Session, Plenary

WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS
ON FAMILY HEALTH, MANILA, 8 - 22 FEBRUARY 1972

Tuesday 8 Feb.	Wednesday 9 Feb.	Thursday 10 Feb	Friday 11 Feb.	Monday 14 Feb.	Tuesday 15 Feb.	Wednesday 16 Feb.	Thursday 17 Feb.	Friday 18 Feb.	Monday 21 Feb.	Tuesday 22 Feb.
	0745 - 0800 Reports by Workshop Committees, etc. Plenary Session →									
0800 - 0830 Registration	0800-0900 C - PG	0800-1000 D - PS	0800-0900 E - PS	0800-1000 E - PS	0800-1000 F - PG	0800-0900 G - CG	0800-1000 H - PS	0800-0900 E - PS	0800-1000 H - PS	0800-1000 J - PS
0830 - 1015 A - PS	0900-1000 C - PS		0900-1000 E - PG			0900-1000 G - PS		0900-0930 Coffee		
1015 - 1045 Coffee	1000 - 1030 COFFEE BREAK							0930 -	→	
1045 - 1415 B - PS	1030-1530 → D - PS	E - PS	E - PG	F - PS	F - PG	F - PG	A - PG	1530 H - PG	1030-1230 I - PG	1030-1130 I - PS / 1130-1230 I - PG
1245 - 1415 Lunch	1230 - 1400 LUNCH								→	
1415 - 1500 C - PS / 1500 - 1515 Coffee / 1515 - - - C - PG	1400-1530 → D - PG	E - PG	1400 - - - E - PG Community visit	1400 - 1530 → F - PG	G - CG	F - PG	H - PG	Community visit	1400-1530 J - CG	1400-1430 J - CG / 1430-1530 Closing-PS

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CODE

PS = Plenary Session
PG = Project Group Work
CG = Country Group Work

A = Introduction Session
B = Country Reports on Educational Efforts and Experience
C = Concept of Family Health and Establishing Priorities
D = Educational Methodology for Community Development
E = Content of Education, Selection of Target Audience and Appropriate Media
F = Production, Distribution and Utilization of Materials
G = National Communication Programme Plans and Priorities
H = Pre-testing and Improving Materials
I = Guidelines for Development of Educational Approach and Media Production
J = Developing "Country Plans" for Follow-up

ANNEX 4

LIST OF WORKING PAPERS, PRESENTATIONS AND COUNTRY REPORTS[1]

A. Working Papers

Suggestions for Content of Education and Information Materials for Family Health Programmes by John C. Cobb, M.D., M.P.H. (Workshop Director) - WPR/HR/HE/1

Methodology of the Community Approach to Family Health by H.S. Dhillon (Workshop Socio-Anthropologist) - WPR/HR/HE/2

Nutrition, Family Planning and Population Growth by Dr K.V. Bailey, Nutrition Adviser, WHO/WPRO - WPR/NUTR/35

B. Presentations

Media in Relation to Content: What They Can and Can't Achieve by Dr Josefina Patron

Technical Aspects of Printing Production by Evangelina Farolan

C. Country Reports and Group Work

Country Report - China (Taiwan)
Country Report - Korea
Country Report - Malaysia
Country Report - Philippines
Country Report - Republic of Singapore
Country Report - Viet-Nam

Country Group Work - China (Taiwan)
National Plan for Media - Korea
Country Group Work - Malaysia
Country Group Work - Philippines
Country Group Work - Republic of Singapore
Country Group Work - Viet-Nam

[1] Copies can be obtained on request from the WHO Regional Office for the Western Pacific, P.O. Box 2932, Manila, Philippines.

ANNEX 5

HAND-OUTS ON GROUP PROCESS AND TASKS TO BE ACCOMPLISHED

1. Aims and Scope of the Workshop
2. How Do We Run a Workshop?
3. A Suggested Outline for Country Reports on Educational Efforts Made and Experience Gathered
4. Guidelines for Country Group Work
5. Guidelines for "Establishing Priorities of Problems in Communication about Family Health for Future Group Work"
6. Guidelines for "Selecting Target Audience and Developing an Educational Strategy for Community Involvement for Resolving the Selected Health Problem"
7. Guidelines for "Determining Educational Content and Appropriate Media for Selected Problems and Target Audience
8. Guidelines for "Production of Selected Media for Selected Audience"
9. Guidelines for Pre-Testing Educational Materials
10. Methodology for Field Pre-Testing: A Few Points

ANNEX 5 (1)

WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS ON FAMILY HEALTH (FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION)

3 February 1972

Manila, Philippines
8 to 22 February 1972

ENGLISH ONLY

1. AIMS AND SCOPE OF THE WORKSHOP

1. The aims of the workshop are:

a. Encouraging interest in an 'integrated' communication approach to Nutrition, Maternal and Child Health, and Family Planning.

b. Providing learning experience to the participants by carrying them through the process of planning and production of information-education materials; they will review what exists, identify the 'gaps', identify family health problems and establish priorities, select problems and audience-groups, determine messages and appropriate media, prepare the selected materials and pre-test them with experts and with target-groups. The workshop will also provide learning experiences in how new ideas get picked up in 'group work' and in organizing workshops.

c. Production of guidelines and prototype materials for a few audience-groups which the participants may carry back home for adaptation and production.

d. Preparation of a country plan for educational strategy and media, and for follow up of the workshop within each of the participating countries.

2. Materials for What and for Whom

Time Dimension: The educational materials could be considered in terms of seeking either 'immediate' visible results such as increased attendance at clinics or 'long-term' solutions to family health problems through achievement of basic changes of attitudes and behavior. For instance, if the aim is to encourage, say, family planning with a sense

of urgency for time, then the target group would be the couples with three or more children who are likely to be somewhat interested already in coming to the clinic. The long-term approach, on the other hand, would be to reach the school age children, the out-of-school youth and the newly-married couples. Which approach would probably have a greater effect in the long run?

Target group: A variety of considerations help determine the target group:

a. Are the media intended to reach the agents of change (health and development workers, and community leaders) who, in turn, would influence the rest of the community? Or, is the aim to reach the community members directly? Which would have the most effect for the least cost?

b. Do we intend to reach the urban population first to set the climate for change in rural areas subsequently? Or is it the rural population which has to be reached with priority and simultaneously?

c. Whom to reach - mothers, fathers or both - considering the decision-making process within the family?

3. Combination of media

The next question is: what medium or 'mix' of media is appropriate for promotion of family health. (It is generally agreed that mass media are helpful if they provide supportive communication to increase the effectiveness of field workers, and group support is important for individual decision-making.)

The selection of media may be considered under the following headings:

a. Mass Media

- Radio and television: play, songs, spot announcements, interviews, etc. (A group could select to prepare a script for radio.)
- Projected aids: feature film, shorts or quickies, film strips, and slides
- Newspapers and magazines: editorials, news features, photographs, short stories, advertisements
- Print: comics, posters, folders, leaflets
- Others: Headings, wall paintings, postal seals, match box cases, shopping bags, etc.

b. Indigenous Media

Folk songs, folk stories, song and drama groups, puppets, clowns, gymnastics, etc.

c. Media for use by field workers

Guides for discussion group leaders, booklets on baby care, nutrition, flash cards, flannelgraphs, flip charts, display sets, film strips, magic lantern slides, etc.

d. Teaching Aids for training institutions

Simplified text book on family health, training films, film strips and slides, programmed texts, flip charts, etc.

e. Introducing family health teaching in schools

Textual materials for school children, teachers' guides, film strips, etc.

4. Criteria for selecting media:

The following criteria are suggested for selecting media for practical work by the project groups during the workshop:

a. Appropriateness: The media should be appropriate to communicate the selected messages to selected audience groups.

b. Practicability for use back home: They should be within the resources of the participating countries for large-scale production and use.

c. Skills and interests of participants: They should be of interest to the Project Group members and within their competence to produce them.

d. Sense of achievement: The task should be small enough so that the group can satisfactorily accomplish it, and thus carry a sense of achievement.

e. Administration support: The media selected should be of interest to the national authorities of health and extension programmes and helpful in securing their support for follow-up action.

5. Content of Educational Materials

Depending on the media selected, the content may vary from the briefest message (as in a radio spot-announcement) to a rather comprehensive text (as in a booklet on various aspects of family health which might be sold or given to interested and literate mothers).

In the latter case, the goal for accomplishment in this workshop might be to decide on the most important messages which should be included in the text, and to develop a few of them in detail with appropriate illustrations.

6. How do new ideas get picked up and used?

During this workshop we will all be thinking about how we can make our Family Health educational materials better so that our ideas will get picked up and used. Two books by Ronald G. Havelock in the Workshop Library may be particularly helpful. They are: -

a. A Guide to Innovation in Education

b. Planning for Innovation through Dissemination and Utilization of Knowledge

Both are paper-covered offset publications from the Center for Research on Utilization of Scientific Knowledge at the University of Michigan Institute for Social Research, Ann Arbor, Michigan, USA.

These books tell about the studies which have been done by social scientists and they give guidelines for ways of getting changes started. One suggestion is that health education is better if the health educator first listens to the needs of those who are being taught. It seems that people are more ready to learn new ways of doing things if they feel that the teacher knows about their problems. This means that field-workers must visit with the people and listen. Group meetings in the villages or classrooms where two-way discussion is encouraged may be very helpful for this.

Another value of group meetings is that they tend to get people involved. If a group decides that a new idea is good, then each member of that group feels stronger and he feels supported by the group when he has to face the questions of others about his new behaviour.

The group can also give courage to people who are slow to make up their minds, thus speeding up the spread of a new idea.

Mass media may be very helpful in giving courage to people who have already been thinking about doing something in a new way. The mass media can inform people about where to go for services and how to do what they have already been thinking about doing; mass media can tell people about the way the idea is spreading, about how many others have taken it up, and about the statements of important people in the community. In these ways, mass media can support the field-workers whose important job is talking with natural groups in the community. Mass media should say the same things as the field-workers are saying; and for this, proper timing and coordination is important.

Most important in the use of mass media is a built-in system of feed-back from the field-workers. With good feed-back, those who are writing the mass media messages will learn how well the messages are being picked up, what needs to be done to make them better, and what messages are going to be given in the future by the field-workers.

All the various mass media and other sources of information should be working together to give the same message; thus each reinforces the other, and all reinforce the group decision-making process which is started by the field-workers. Booklets and leaflets may also be useful for the field-workers to give to the more educated and interested people. These also should be in line with the messages which are coming from both the field-workers and the mass media.

Studies have shown that faith in a field-worker's wisdom or knowledge is important for acceptance of their new ideas. Doctors, nurses, and other health workers have a great asset in that they can treat and often cure sick people. After a person's sickness has been cured, he is most likely to take up a new idea which the health worker tells him about. Health education is not likely to be effective without good medical services.

Health education is also not likely to be effective unless the people can see that something good will come from picking up and using the new idea. There needs to be a clear advantage to the individual, to his family, or to his community; and the individual needs to be able to see that advantage before he will be willing to give up his old ways which work well enough.

It might be worthwhile to look into ways of reinforcing family health and family planning practices by finding ways to provide benefits to the whole community as a reward for changing to the new ways. If the communities are asking for better schools or more teachers, or better roads, or electric power, or tube-wells, one of these could be given to the communities which succeed in improving family health and in keeping their birth-rate in balance with their death-rate. This might be more successful in the long run than the system of individual incentive awards now used in some places for family planning. Because it would involve the whole community, such benefits might be more effective than individual incentive awards.

7. The Report

The final report will contain:

a. Reviews of the current status of education/information materials on family health in each of the participating countries.

b. Workshop papers

c. Summary of the discussions and issues raised in the workshop, (these will be prepared by the rapporteurs assisted by the recorders).

d. Examples of prototype materials produced by the participants.

e. Guidelines for media planning, production and utilization.

f. Country plans for family health communication and follow-up actions.

As each Project Group or Country Group formulates its reports and materials, these must be given to the Workshop secretaries for typing, so that they can be included in the Report of the Workshop.

All the materials to be included in the Report must be completed in essentially final form before the end of the Workshop. Only minor editing can be done later.

The report will be published and sent to Governments and interested professional people in the Western Pacific Region, and elsewhere. If well done, it should be a significant contribution to the field of family health, and all of us should be proud of it.

ANNEX 5 (2)

WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS ON FAMILY HEALTH (FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION)

5 February 1972

Manila, Philippines
8 to 22 February 1972

ENGLISH ONLY

2. HOW DO WE RUN A WORKSHOP?

WHAT IS A WORKSHOP?

Why call it a workshop? This is a carefully selected title. The reason is simple, though important: to accomplish the task we have set for ourselves, we all will be working together, pooling our wisdom, drawing strength and encouragement from one another. This is what makes it a workshop: an experience in a problem solving process by cooperative efforts to achieve a common goal.

An essential feature of a workshop is that the participants themselves set the task, determine the goals, select the problems, and work together studying and seeking solutions to the problems selected. The WHO report on the educational workshop describes it as a "meeting in which responsible and experienced people come together to work with one another and with specialists and consultants on problems which they have encountered in their work and which they find difficult to solve alone".

The key element in workshop technique is active and full participation by each and every participant. It provides situations for team work and for learning by doing - this is the workshop way of accomplishing the task and learning.

Skill in human relations is an important, and at the same time difficult, learning experience. A workshop also provides an experience in intensified human relations. The participants not only learn from one another; they are also in close communion with persons having varied expertise and life experience. In the workshop situation, the barriers are gradually broken and communication established.

WORKSHOP MECHANICS

Working in small groups on selected problems is the main method used in workshop. Why small groups? The work groups have to be small enough to facilitate full participation by every member of the group and large enough to permit the inclusion of required expertise and the experience among the members. We need to meet part of the time as a whole, so that we have unity of purpose and feel as one group, not several. Much of the time, however, we need to meet in small groups, because it is not easy for many of us to make contributions in a large group, nor is it easy to achieve specific goals with so many people involved.

In workshops we therefore meet on a few occasions in Plenary Sessions for a short time, and more often in small Project Groups for a longer time. In this workshop, for instance, the tentative work schedule prepared by the planning committee has provided 40 hours for Project Group work and 25 hours for Plenary Sessions.

The Plenary Sessions help bind the workshop together, give it unity and purpose throughout, and help lift the morale when it begins to sag. The Plenary Sessions are used to keep the members informed as to what is going on in all the Project Groups, to share results and seek clarification, and to plan activities requiring agreement by all.

The Project Groups are the life and soul of the workshop. The Plenary Sessions are intended primarily to facilitate the small group process to move towards the goals which the group has set for itself.

No group, however, can achieve much until it has figured out what precisely it wants to accomplish, how and when. For proper functioning of the group it is necessary that specific goals of the group are arrived at through consensus and understanding of all its members, and not just by a majority voice.

Each member of the group is a leader and also a follower. He is a leader when he makes a unique contribution, and a follower when he listens and learns from others. What is important is that each member endeavors to seek clarification until a consensus is reached about what the group wants, and accepts it as a worthwhile task.

FORMATION OF GROUPS

The Project Group composition is not determined arbitrarily, but this is done on a functional basis to bring together people with varied experience and competence needed to achieve the group goals. In this workshop, for instance, the proposed inter-country work

groups are formed considering the area of expertise - visualization, designing and production of media, community involvement and extension expertise, health specialty (MCH-Nutrition-Family Planning), and administrative experience - age, sex and country of the participants.

In addition, this workshop will also have Country Groups to review the present status of the production and utilization of educational materials, to identify the gaps and to prepare country plans for communication and plans for follow-up activities within each participating country.

GROUP FUNCTIONING

It is to facilitate the functioning of groups that each group may decide to have its chairman, recorder, and rapporteur. It is sometimes helpful for groups to have a different person act as chairman during each session. This has the advantage of giving opportunity for leadership to everyone in the group at one time or another. It has, however, the disadvantage that no one person assumes responsibility for continuity in group work.

It may be a good compromise if chairmen for the Plenary Sessions are selected by rotation, while the Project Groups may have a somewhat permanent chairman, let us say, chosen twice in the entire workshop period. This mechanism would make it possible for each member to act in rotation as chairman of one plenary session.

As for the recorder and rapporteur, it is generally found useful to have the same persons all through the workshop. But in case the work becomes too heavy, these responsibilities too can be rotated between different group members.

Continuing documentation of the decisions taken, goals established and a very brief summary of views expressed is helpful to crystalize thinking and to keep the members informed of the progress. Besides, the group reports have a unifying effect on the workshop.

WORKSHOP COMMITTEES

The preparations for the workshop start months ahead. The Programme Committee works out the general theme and lay-out of the workshop. It also works out broadly the objectives and tentative schedule for the workshop in communication with associated experts, potential speakers, and contributors to the workshop. It is, however, worth reiterating that in a workshop the participants have the final say and the responsibility for taking decisions, reformulating the programme, and steering the workshop toward the accomplishment of its goals.

It is in the very beginning, therefore, that the participants take over the major share of conducting the workshop and allocate responsibilities among themselves. Committees, comprised of various participants, play an active part in implementing the objectives of the workshop. The committees usually formed are: Steering Committee, Editorial Committee, Evaluation Committee, and Recreation Committee. Let us briefly discuss the functioning of these Committees.

I. STEERING COMMITTEE - The task of the Steering Committee is to ensure the smooth functioning of the workshop and to adjust the programme considering the needs and interests of the participants. The Steering Committee works closely with the workshop organizers for day-to-day planning and adjusting the programme to meet unforeseen situations. The efforts of the Steering Committee, along with the organizers, to cope with the varied demands of the workshop provide many learning situations.

The terms of reference of the Steering Committee may include the following tasks:

a. Working in close liaison with workshop organizers for making adjustment in the daily schedule considering (1) the views and needs of the participants, (2) progress made by the small groups, and (3) unforeseen developments;

b. Proposing Chairmen for all Plenary Sessions in such a way as to spread the choice as widely as possible, and also to devise ways to provide opportunities to every participant for leadership roles in one form or the other;

c. Reporting of important events in a Plenary Session for about ten minutes every day;

d. Securing a daily feed-back on (1) the progress of group-work and (2) the views of other Committees;

e. If desired by the Committee, it may present to the Plenary Session on the last day a report of the Committee's activities and achievements, and submit in writing its final report to the Editorial Committee.

II. EDITORIAL COMMITTEE - A written account of the events is helpful. A daily bulletin, for instance, will keep all of us informed about what is happening. This is the challenge for the Editorial Committee:

a. Preparing a short daily newsletter or bulletin of workshop activities - Plenary Sessions, group work, and social activities;

b. Securing feed-back: keeping eyes and ears open, and collecting reports daily from all the rapporteurs for preparation of the summary report;

c. Preparation and presentation in co-operation with the Steering Committee of the provisional workshop report.

III. EVALUATION COMMITTEE - Evaluation, self-evaluation, feed-back, etc. have all become respected terms, indeed fashionable jargon. Let us try out and see if evaluation is really helpful. The Committee may attempt:

a. Assessing the performance of the Plenary Sessions and group works, and attempting to identify the factors influencing the performance;

b. Assessing the participant-satisfaction with the overall management and administration of the workshop;

c. Attempting to gather a "feel" of the participants - their expectation, level of satisfaction, needs and interests;

d. Providing feed-back to the Steering Committee for making appropriate adjustments in the workshop programme.

IV. RECREATION COMMITTEE - All of us need fun and recreation, even more so when we are working hard. Then why not pool our resources and wisdom and set up a series of interesting activities. We certainly have a number of 'creative' thinkers and organizers. Wait and see. This Committee may:

a. Think and plan recreational activities;

b. Organize displays: don't hesitate to draw caricatures, to coin captions and to dream up and display whatever you think is appropriate.

WHEN AND WHERE THE COMMITTEES MEET

Think, explore and decide for yourself.

SMALL GROUPS: TWO TYPES

Group work is the very essence of a workshop. Working in small groups on carefully selected tasks helps maximize coverage and accomplishment. It is conducive to active participation by all.

Keeping in view the objectives of this workshop on the development of education and information materials on family health, it is planned to work in two types of groups: project groups and country groups.

I. PROJECT GROUPS - These will be inter-country groups drawing participants from each of the six participating countries. It is

proposed that three project groups may be formed, each group containing about six participants and about four resource persons. An attempt has been made to form the project groups, so that each group would have, to the extent possible, specialists in media development, health education, health programmes (MCH-Nutrition-Family Planning) and health administration.

Each project group will move through the process of selection of problems, diagnosis of community response and factors influencing it, identification of educational content and motivation appeals, and selection of appropriate media for the given audience work. The themes for the group work are tentatively as follows:

a. Identifying operational components of family health and establishing priorities of problems in communication for family health;

b. Selecting a high priority target audience and developing an educational strategy for community involvement for resolving the selected problem;

c. Determining educational content and appropriate media for selected problems and target audience. This includes a community visit for content diagnosis;

d. Designing and preparing selected media for the selected audience;

e. Pre-testing materials with experts and with target audience groups;

f. Improving materials and their finalization to serve as prototype for adaptation to suit local conditions;

g. Developing guidelines for planning, production and utilization of educational materials.

II. COUNTRY GROUPS - These will consist of either the participants of each country separately, or a combination of two countries which have similar problems and programme development. The purpose of the country groups is to work on:

a. Reviewing the current status of the production and utilization of educational materials for family health: quantity, quality and variety of educational materials produced, channels of distribution, and effective utilization of media;

b. Developing national communication plans and priorities: plans for production, utilization and distribution of educational materials;

c. Developing "country plans" for follow-up.

It is through the group work that the workshop will reach successful completion.

ROLES AND RESPONSIBILITIES

Every participant, it is hoped, will be assigned leadership roles in one form or another. Each group will have its own Chairman, recorder and rapporteur. And every member has the responsibility to make the discussions as fruitful and constructive as possible, and the same is expected of resource persons.

CHAIRMAN - He is the one who keeps the group 'on the beam' rolling forward towards its choosen objectives. The Chairman does all he can to keep the group moving. He brings the discussion back to the central point from time to time when it seems that discussions have strayed into irrelevance. And this is not easy.

It happens that 'keeping to the point' is sometimes overdone. It is necessary, therefore, for the Chairman to have a wholesome attitude towards diversion, for not all diversion is bad. The Chairman must avoid the pitfall of talking too much himself; he is not there to answer every question.

There are two types of people who make the task of the Chairman difficult: those who talk all the time, and those who do not talk at all. The former is more difficult to handle than the latter. The Chairman has to use his imagination to sober down the vocal and to activate the quiet participants.

A few hints on being Chairman are given below:

a. Help the group set the goals it wishes to achieve;

b. Help the group budget time for specific tasks so that goals can be achieved;

c. Help the group to start and end on time;

d. Encourage every member to participate, and prevent the domination of one person;

e. Assist the group to explore points thoroughly without digressions;

f. Help the group to clarify issues;

g. Help groups to reach agreement;

h. Keep the discussion moving towards the set task;

i. Summarize group progress and help raise new issues.

RECORDER - It is important to carefully record discussions and to document progress. The recorder should:

a. Keep an accurate record of issues discussed;

b. Record the decisions taken and agreements reached;

c. Record recommendations that have been developed;

d. Furnish information from his records whenever needed;

e. Assist in preparation of reports.

RAPPORTEUR - The issues raised and progress achieved is to be shared with other groups as well. The rapporteur should:

a. Work with leader, recorder and others in writing up the report of the group's discussions;

b. Present the report verbally to the group and to plenary sessions;

c. Talk to other members of groups to clarify points if felt necessary;

d. Restrict his personal views and present the consensus of the group;

e. Restrict his presentation to the time allotted;

f. Assist in preparation of the final report.

RESOURCE PERSON - The resource persons are there to help the group clarify issues and provide information when needed. The responsibility for group work, however, lies directly and firmly upon the members of the group; the resource persons are only a resource as the group tries to reach its goals. It is the responsibility of the Chairman to utilize the resource person as he sees fit; this is especially true in regard to the amount of time allotted to their contribution. Sometimes there is a tendency for the resource persons to act as a teacher; this is detrimental to effective group work. Moreover, it sometimes happens that a resource person would tell a group something and leave, to be followed by another who would tell something contradictory. This creates confusion.

A few points to be kept in mind by the resource persons are:

a. Provide information needed by the group;

b. Help to clarify issues and point out needs;

c. Be careful not to dominate the group; rather try to facilitate the functioning of group work.

REFERENCES ON WORKSHOPS AND GROUP-WORK

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annex 5 (3)

WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS ON FAMILY HEALTH (FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION)

7 February 1972

Manila, Philippines
8 to 22 February 1972

ENGLISH ONLY

A SUGGESTED OUTLINE FOR COUNTRY REPORTS ON EDUCATIONAL EFFORTS MADE AND EXPERIENCE GATHERED (Topic B)

The workshop begins with a review of the current status of the production and utilization of educational materials in each participating country. This will help identify the 'gaps' and determine priorities.

The country representatives are at liberty to present their country reports the way they like. A few points are, however, outlined below which you may like to consider while reporting the review of the educational efforts made in your country.

1. Health Problems:

   - The major health problems towards which the educational efforts have been primarily directed.

   - The priority problems for educational inputs in the near future.

2. Educational Efforts Made:

   - The type, quantity and quality of the various education-information materials produced.

   - The target-audience for which media are produced. These for instance may include: (a) General Public (urban or rural, mothers, fathers or both, school children, out-of-school youth, or old dependents and others); (b) Field workers and change agents (health and development workers, school teachers, community leaders and satisfied users); (c) Teaching aids for Training institutions; (d) Policy makers and health administrators.

3. Resources:

Equipment, funds and communication network for:

- Projected aids: (a) facilities for producing and processing films and film strips, and (b) projectors and facilities for use of projected aids.
- Print: (a) the reach, i.e., literacy level, reading habits and circulation of newspapers, magazines, etc., and (b) facilities available for printing and distribution.
- Radio and TV: (a) broadcasting network, receiving sets, and listening habits, and (b) scope for securing or buying time, and suitable timings.
- Indigenous Media: Types of popular folk media, situations in which these are used, and scope and extent of their use for promotion of health.

4. Experience Gathered and Problems Encountered:

- Evaluation, pre-testing and utilization of research findings for developing communication strategy and improving materials.
- Involvement of non-health agencies such as community development, school teachers, publicity organizations and others.
- Distribution points and mechanism of distribution.
- Preparation of personnel for use of media.

You may touch upon only those points in above-mentioned outline which you think are relevant and worth discussing in your brief presentation of [illegible] country report.

ANNEX 5 (4)

GUIDELINES FOR COUNTRY GROUP WORK : Topic G

The job to be done by the country groups are, as stated in hand-out No. 2, page 6:

a. Review of current status (already done);

b. Developing national communication priorities and plans for production, utilization, and distribution of educational materials;

c. Developing plans for follow-up of the workshop in each participating country.

For accomplishment of item b, a total of 2 1/2 hours has been set aside on Wednesday and Thursday, and for item c. another 2 1/2 hours on Monday and Tuesday.

For accomplishment of item b, the groups might want to proceed as follows:

1. On the basis of resources available and priorities of problems, think about the priorities of behavioural changes which might be achieved in your country which would improve family health.

2. Think about what educational approaches, (preparation of personnel, and "mix" of efforts and mobilization of resources) would be most effective in bringing about these behavioural changes.

3. Suggest what kinds of educational materials might be most needed for these educational approaches.

4. Suggest how the existing agencies in your country might be stimulated to develop the needed educational materials.

5. Suggest what other presently not available resources or agencies and what kinds of co-ordination, presently not existing, would be needed to develop the programme.

For accomplishment of item c, the groups might proceed as follows:

1. Discuss what kind of follow-up programme would be desirable in your country. Should there be a somewhat similar workshop in your country? If so, how should it be different from this workshop? What other approaches might be tried?

2. Suggest a workable time schedule for a series of follow-up activities.

ANNEX 5 (5)

WORKSHOP ON THE DEVELOPMENT
OF EDUCATION AND INFORMATION
MATERIALS ON FAMILY HEALTH
(FAMILY PLANNING, MATERNAL
AND CHILD HEALTH, NUTRITION)

Manila, Philippines
8 to 22 February 1972

7 February 1972

ENGLISH ONLY

GUIDELINES FOR
"Establishing Priorities of Problems in Communication about Family Health for Future Group Work":
Group Project - Topic C

The circulated papers by Dr. Cobb and by Dr. Bailey and the plenary session discussions are intended to give some background to help the groups to select a few high-priority areas for future group work in preparing family health educational materials. The following list of headings may help to suggest ideas, but it is by no means intended to be complete. Items not on this list may have the highest priority in some countries.

NUTRITION

For whom?
- Women before pregnancy
- Pregnant women
- Infants - early solid food
- Children - optimal growth?
- Adolescents
- Working men

With what?
- Proteins - plant vs. animal source
- Calories - lack or excess
- Vitamins - which ones
- Minerals - Iron, Fluorides
- Candy and dental caries

How?
- Use of local produce
- Home gardens
- Cooking for optimum nutrition
- Relative costs for nutritive value
- Use of vitamin and iron supplements

DISEASE PREVENTION

- Immunization
- Environmental health
- Accident prevention
- Mental hygiene
- Special local diseases

MATERNITY CARE

Avoidance of mutagens
Preparation for childbirth
Lactation and breast care

CHILD CARE

Anticipatory guidance
Training and discipline
Talk, toys, and teaching
Education for co-operative planning

ADAPTATION TO CHANGING WORLD

Industrialization
Green revolution
Increasing life span
Earlier menarche
Women's liberation
Urbanization and crowding
Increasing literacy
Shrinking globe
Information overload
Faster place of life
Transcience
"Future shock" - Alvin Toffler

FAMILY PLANNING

Problems of Infertility

Venereal diseases
Tuberculosis
Malnutrition

Fertility Regulation

Suppression of menses
(Lactation, malnutrition, stress)
Suppression of spermatogenesis
Rhythm and coitus interruptus
Contraception
Anti-implantation
Anti-zygote
Abortion
Sterilization, male and female
Infanticide

Community Attitude Changes

Honour and respect for:
Quality rather than quantity of children
Daughters as well as sons
Delayed marriage age
Educated and working women
Single adults
Childless couples
Non-procreative sexuality

ANNEX 5 (6)

WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS ON FAMILY HEALTH (FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION)

Manila, Philippines
8 to 22 February 1972

7 February 1972

ENGLISH ONLY

GUIDELINES FOR

"SELECTING TARGET AUDIENCE AND DEVELOPING AN EDUCATIONAL STRATEGY FOR COMMUNITY INVOLVEMENT FOR RESOLVING THE SELECTED HEALTH PROBLEM":

Topic D

You have already selected problems for educational treatment. The next step is identifying the target groups for educational inputs. This, of course, will be done in the context of the overall educational strategy which you consider appropriate for enlisting community involvement.

The task for group work is to think of a strategy of how to involve the community, and to select one high priority target audience for group work on media preparation during the next few days.

How do we proceed to identify the target groups while planning an educational programme? A framework is suggested for your consideration.

1. Nature of the Problem

   - Which is the population at risk or those directly affected by the problem (e.g. eligible couples in the case of family planning).

   - Who are those whose behaviour is directly conducive to the health problem, e.g. a lactating mother if the problem is breast feeding for better health of the infant (primary target); and who are those who influence the behaviour of the persons at risk, e.g. the mother-in-law, or satisfied users, or community leaders (secondary target).

2. Immediate or Long-Term Goals

   - What is the strategy? Are the programme authorities concerned with seeking 'immediate' or 'long-term' solutions to the health problem?

- If, for instance, the aim is to encourage, say, family planning to bring down birth rate with a sense of urgency for time, then the high priority target group would perhaps be the couples with three or more children who are likely to be somewhat interested already in coming to the clinic. The long-term approach, on the other hand, would be to reach the school children, the out-of-school youth, and the newly married couples.

3. Message comprehensiveness or Messages on singled-out problems

- Do we aim at comprehensive messages integrating nutrition-MCH-contraception ideas, or are we thinking of presenting messages on singled-out problems? This is likely to influence the selection of the target audience.

4. Policy makers or The community

- Who is the target: the policy makers or the members of the community? This will depend upon the stage of development of the programme and the need for changes in the educational strategy.

5. General Public or Agents of Change

- Are the media intended to reach the agents of change (health and non-health development workers, school teachers and community leaders), who, in turn, would influence the rest of the community? Or is the aim to reach the community members directly?

6. Urban or rural populations, or both

- The life style and characteristics of urban population varies considerably from those obtained in rural areas. The educational approach will also vary accordingly.

- Do we intend to reach the urban population first to set the climate for change in rural areas subsequently? Or is it that the rural population has to be reached with priority and simultaneously?

7. Diagnosis of Community Exposure Pattern

- There may be three types of target groups according to their pattern of exposure to communication: (a) those who 'listen' to radio (TV) and 'read' printed materials; (b) those who listen but do not read; and (c) those who neither read nor listen. Which group do we intend to reach?

8. Start from where the people are

- At what stage of development is the programme? Is it at the stage of creating awareness and reaching the innovators? Or is it that there already exists a bulk of accepters and the programme is beginning to reach the hesitant sector of population at a time when the climate is loaded with rumours? Or are we beginning to reach the resistant minority?

9. The three components

- The three essential elements in any extension programme are: services, field workers, and publicity.

- A satisfactory service network is necessary to cope with the demands generated by educational efforts. Otherwise, we aim our educational inputs at a few selected communities where the services are available.

- Are there health-extension workers who could help carry the 'awareness' created by mass media further to the level of decision-making and adoption?

10. Extension supportive publicity

- Are the publicity efforts in tune with and supportive to the extension efforts made by the field workers? If not, how do we make the extension work and publicity mutually supportive?

- Are there educational materials for community leaders and innovators to initiate acceptance, and to stimulate the process of informal network of communication from satisfied users to the rest of the community?

These are just a few points which you may or may not consider during your group discussions on item D.

ANNEX 5 (7)

WORKSHOP ON THE DEVELOPMENT
OF EDUCATION AND INFORMATION
MATERIALS ON FAMILH HEALTH
(FAMILY PLANNING, MATERNAL
AND CHILD HEALTH, NUTRITION)

9 February 1972

Manila, Philippines
8 to 22 February 1972

ENGLISH ONLY

GUIDELINES FOR
DETERMINING EDUCATIONAL CONTENT AND APPROPRIATE MEDIA
FOR SELECTED PROBLEMS AND TARGET AUDIENCE: Topic E

Having decided on the high-priority problem areas in communication on family health in the session on the first afternoon, and having selected one high-priority target audience on the second afternoon, the next task for each group would be to decide on what will actually go into the message and what media to use. Most of the rest of the time of the workshop will be devoted to the actual production of the educational materials.

1. Content

To help in deciding what should actually go into the educational materials, the group may wish to call on the resource people or refer to books, documents, and reprints which are available in the Committee Room on the second floor of the Conference Hall. Library tables and chairs have been set up there for your use when consulting the reference materials. Please see the secretary if you want to take reference materials out of the room over night. Please bring anything you borrow back the very next morning, so that others can use them too.

2. Media

Media for which some equipment is available and which might be used during this workshop are the following:

a) Written matter of all kinds
b) Art work (paper, colored pencils, paints, etc.)
c) Photographic slides or filmstrips (black and white or colored)
d) Overhead projector transparencies
e) Tape recordings for radio dramas, etc.
f) Flannel board
g) Flip chart

Thus, prototype educational materials could be produced in great variety, all the way from simple folders to rather complex booklets, radio programmes, slide shows, or even the mock-up for a TV show or more.

You may wish to study the exhibits for ideas and look at the materials collected from various countries. These are stacked near the exhibits.

ANNEX 5 (8)

WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS ON FAMILY HEALTH (FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION)

9 February 1972

Manila, Philippines
8 to 22 February 1972

ENGLISH ONLY

GUIDELINES FOR "PRODUCTION OF SELECTED MEDIA FOR SELECTED AUDIENCE": Topic F

Much of the efforts of the health workers have been directed toward production, distribution and utilization of educational materials. Unfortunately, these educational materials are sometimes not accepted by the people in the form in which they are presented; and sometimes they do not serve the purpose for which they were intended. One way to overcome these gaps and improve communication is by planning the material. Planning involves among other things knowing a lot about the target audience and the subject, selecting the appropriate facts, sorting them into logical order and presenting them in an attractive way. It is suggested that the following points should be kept in mind in the production of selected media for selected audience:

1. What is the aim (objective) of the media?

Are the aims specific? Related to what the audience wants? Stated in terms of desired action? Are the aims written down and agreed upon? Concerned people consulted?

2. Knowledge of the audience (target group)

The characteristics of the target population in terms of age, sex, occupation, cultural background, educational level, their needs, interests, abilities and resources, attitudes related to the programme, their consciousness of needs. Do they have a solution of their own?

3. Cost of Production

Considered cost and finance available? Can the audience pay for it? Quantity of material (demands exceed the supply)? Cost for mailing and envelopes? Cost for publicity to let your audience learn about it? Who will produce these materials?

4. Distribution

What is the distribution plan? How will it get to the audience? Will you depend on local agents for distribution or mail to the audience? What is the intended coverage?

5. The message of the selected media

Is the information accurate, up-to-date? Express real and attainable objectives? All essential points presented? References included? Arguments based on adequate evidence? Will the information become obsolete in a short time? Is there any information in your material in conflict with your programme? How is the readability - do you talk the language of the audience? Consider their limitation and expand their understanding?

6. Format of your material

What is the first impression of the audience? Are the headings and illustrations interesting? Does it begin with audience perception of the topic?

7. Will the reader react as planned?

Have you tested the text? Was your sample adequate? Does the audience get the intended point? Are they willing to act and able to act?

8. Evaluation of the media

What is your evaluation plan? Will the evaluation be tied to the aims? What will be your method of scoring the evaluation?

ANNEX 5 (9)

WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS ON FAMILY HEALTH (FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION)

21 February 1972

Manila, Philippines
8 to 22 February 1972

ENGLISH ONLY

GUIDELINES FOR PRE-TESTING EDUCATIONAL MATERIALS

1. What is pre-testing?

Pre-testing is undertaken to improve educational materials before mass production. This is a preventive measure to identify shortcomings and to undertake timely corrective measures for improvement of the material. It is testing both the "content" and the "form" to ensure potential effectiveness of the medium.

Pre-testing differs from evaluation. The former aims at improving upon the materials before final production, while the latter deals with assessing the impact of the finished product on the target population in achieving its intended purpose.

2. Essential qualities of a medium

A well designed medium should have the following qualities:

(a) attractiveness - it should be able to attract and hold attention;

(b) communicability - the target audience should understand and comprehend the message. A medium is not good if it fails to convey the message;

(c) motivation - it should provoke thinking and help bring about attitudinal and behavioural changes. This is feasible if it contains carefully selected motivational appeals which are likely to be effective with the target audience.

3. Two-step pre-testing

(a) Pre-testing with experts - this is required to ensure the soundness of both the contents and the form. Discussions are held with the health experts and field staff to ensure that the contents are relevant and correct, and comments are sought from communication experts for improving the lay-out, design, color, composition and other technical aspects related to production.

(b) Pre-testing the target audience - this is to find out ways for improving the effectiveness of the medium for message communication.

The first step of pre-testing with the experts has already been taken. Let us plan for field pre-test.

4. Methodology

(a) A constraint - The groups have only one copy of a poster or a flip chart. This presents a major constraint for field pre-testing, but this is what often happens in most efforts at pre-testing of materials. It is generally not feasible to have many copies of the "blue-print". Maybe, it is not even necessary to have many copies, for pre-testing is not a single shot treatment. It often involves a series of efforts at interviewing the people, incorporating information for improving the material, again interviewing the people and repeating the process a few times till no new information comes. Since the Group B has only one copy of the flip chart, it may not be feasible for the group members to divide themselves into similar groups for pre-testing. This is, however, not true for Group A which has prepared three different types of materials for pre-testing. Further, the comic book prepared by Group C can of course be distributed a little in advance for purposes of pre-testing.

(b) Individual interviews - One respondent at a time is interviewed to seek his views on the medium. Individual interviewing is necessary for securing views of those who generally remain quiet during group discussions. More so, it gives time to a respondent to think and to the interviewer to ask questions in a purposeful sequence.

(c) Group interviews - These are particularly helpful in securing suggestions about the modifications required for improving the aid, for example, replacing somewhat technical words with folk vocabulary. Moreover, the group situation helps to provide stimulus to the members to come out with suggestions and criticism which they might not do in individual interviews.

It is better to keep the interviews, both individual and group interviews, flexible and semi-structured. It is not very helpful to develop a highly structured interview schedule, for quantification is not the aim.

5. The Focus

The efforts during the interviews may be focused at the following:

(a) understandability of words and sentences - the respondents may be asked to indicate if they find some words which are difficult to understand. They may also be asked to indicate the alternatives to difficult words.

Efforts may be made to identify in advance such words and concepts (e.g. strong blood, vitamins, sanitary latrines, infection, protective food, etc.) which are either difficult or likely to be misunderstood. The respondents should be interviewed to find out if each of these words are properly understood, and if not their suggestions may be sought for alternative words and expressions.

(b) illustrations - the illustrations and script are expected to be mutually supportive to reinforce the intended message. Efforts may be made to find out how each illustration is perceived by the people if the script is covered. Does it lead toward the intended or the written message?

It is said that overcrowding the illustration with too many details acts as a distraction and obscures the perception of what is essential to message conveyance. Discussions with the target audience will help determine if the illustration is appropriate (e.g. the way the couple in Group A poster is dressed and is holding hands) and if some distractive details can be omitted.

(c) message comprehension - after the respondent has been exposed to the aid, he may be asked to mention the main messages contained in it. This will help determine the "salience" and also the messages which make an impression on the mind of the viewer.

In the case of flip charts and comic book, it is necessary that the group makes in advance a list of the messages which the aid is intended to communicate. This will help the group in checking which of these messages made an impression and which are lost.

(d) motivational relevance - do the arguments used in the text and illustrations carry adequate motivational appeal? For instance, the messages used for encouraging mothers for pre-natal visit are (i) checking weight and (ii) checking blood. Do the mothers attach any importance to weight and is the appeal strong enough to stimulate mothers for clinic visits? The same can be said for testing blood. Let us try to find out if the appeals used for bringing about desired behavioural changes are meaningful.

6. Interviewing technique

Leading questions are often not helpful. It is better to ask questions which will set the respondent thinking, but are at the same time simple enough for a respondent to react. For instance, instead of asking "Is the dress the girl is wearing right?", you may ask "How do you feel about the dress of the girl?".

In the initial stages, it is better to begin with broad questions and few words (a psycho-analyst approach) together the overall reaction of the respondent. For instance, after exposing the respondent to the aid, ask "What do you think about it?" and gradually move toward specific questions on illustrations or the words used.

Don't forget to secure information about suitable alternatives: words, messages or alterations in the illustrations.

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ANNEX 5 (10)

WORKSHOP ON THE DEVELOPMENT OF EDUCATION AND INFORMATION MATERIALS ON FAMILY HEALTH (FAMILY PLANNING, MATERNAL AND CHILD HEALTH, NUTRITION)

19 February 1972

Manila, Philippines
8 to 22 February 1972

ENGLISH ONLY

METHODOLOGY FOR FIELD PRE-TESTING OF MATERIALS: A FEW POINTS

1. The purpose of the pre-test is to try out and see whether the newly constructed informational material succeeds to deliver the message and whether the form of presentation is attractive to the recipient of such material. Thus, content and form are to be tested for its relevance to the cultural framework of the target population.

There are three types of pre-testing strategies which should be combined, i.e., all three utilized:

a. Observation - place the pamphlet on a clinic table, notice how many people pick up copies, what pages do they turn to. Do they discuss with each other? Put up a test poster. Do people look at it? Does it cause any conversation? It is not a bad idea to ask people if they have noticed it.

b. Group discussion - it is usually helpful to have a group react to a pamphlet or other aid. Members of a group will often criticize items they would not do in individual interviews. Also, groups often come up with useful ideas about locally acceptable words, etc.

c. Interviews with informal questionnaire - in general this should include two types of questions: (i) a broad question - what does this pamphlet or poster mean to you? and (ii) specific questions about the content, individual words, etc. I usually try to have a separate question about each page plus any difficult words or drawings.

2. Strategies for pre-testing by <u>interview method:</u>

a. Direct approach - this requires the use of an "<u>equivalent</u>" population on which to test the material; "equivalent" to the target in socio-cultural characteristics. Having isolated the "equivalent" population, the communication material can now be pre-tested.

Suggested guide questions for pre-testing printed materials (series):

- "What information did you learn from what you just read?"
- "Do you have any questions you would like me to explain?"
- "How would you have wanted us to explain this?"
- "What section/s do you find as most important?"
- "What part/s do you find as most interesting?"
- "Do you think there is anything in this (Pamphlet) that we should not have said or shown?"
- "Is there anything you might suggest to us to improve this?"

(NOTE: Guide principle in the formulation of the questions: Use open-ended type of questions. Avoid leading questions.)

b. Indirect approach - this approach utilizes a panel of resource persons whom you think would be in a position to pass judgment about the content and the form. (For example: health personnel, public school teachers, social workers, midwives in the case of Group C.)

Suggested guide questions for the indirect approach (series):*

- "Do you think we are explaining a subject that most people in this community are still ignorant about?"

  ☐ Yes ☐ No

- "How well do you think this can be understood?"

  ☐ Very well

  ☐ Fairly well

  ☐ Will be poorly understood

- "Does the material mention anything that the people might resent?"

  ☐ No ☐ If yes, what?

- "Do you think this pamphlet is too long?"

  ☐ Yes ☐ No

- "Could you kindly give us your suggestions on how we could improve this material?"

* NOTE: In the case of Group C, I would not recommend the use of the health personnel in Teresa for the indirect approach. The reason for this is an apparent tension that exists between health personnel and the village folks. (Mr Virtusio can explain this further.) In other words, the personnel may have a reason to be defensive and thus affect our data on pre-testing.

ANNEX 6

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